Proper	rtv Address:		
Proper	rty Address:		

K-Nor Property Management, L.P.

K-Nor L.L.C, Broker

2203 W. Ennis Ave. Suite 100B Ennis, TX 75119 972-875-7903 FAX 866-731-7521

www.knorentals.com manager@knorentals.com

APPLICATION INSTRUCTIONS

Applicants will not be accepted if:

- Applicants do not have a social security or TIN number.
- An applicant has ever been evicted or has a rent related charge against their credit
- Applicant has been convicted of a felony
- Applicants should make three (3) times the monthly rent (Example: if the rent is \$1,000.00 Applicant (s) monthly gross income must be at least \$3,000.00 per month.)

*Bad credit is not necessarily an automatic rejection - it is up to the individual property owner

Application fee:

\$50 NON-REFUNDABLE (Money Order or VENMO: @k-nor-propertymanagement) fee is due at the time of submitting the application. No applications will be processed unless the application fee is paid. *This applies to all occupants over the age of 18.*

Deposit:

The property remains on the market until a deposit (money order) is received. Once we receive a deposit, the property is taken off the market and the lease must be signed within two weeks. **If your application** is declined, your deposit will be refunded, however, if you change your mind, it will not. The money order will be deposited into our bank account on the day it is received.

Rent:

- On the day the lease is signed, the first full month's rent plus the security deposit and pet deposit, if any, are to be paid
- Partial month pro-ration is due on the first day of the second month.
- The lease is for 12 months. There will be an up-charge for month-to-month or short-term leases depending on the property owner's requirements.
- Renters Insurance is required for all New Approved Renters. We have an arrangement with State Farm Insurance to allow monthly payments during your tenancy, or you may arrange for your own insurance.

Approval:

Approval is based on criminal history, credit history, current income and rental history. The owner of the property has final approval from prospective tenants

Signing this acknowledgment indicates that you have had the opportunity to review the landlord's tenant selection criteria. The tenant selection criteria may include factors such as criminal history, credit history, current income and rental history. If you do not meet the selection criteria, or if you provide inaccurate or incomplete information, your application maybe rejected, and your application fee will not be refunded."

Signature of applicant(s)	Date

RENTAL APPLICATION

K-Nor Property Management, L.P.

Each applicant over 18 years of age must submit a separate application. A legally married couple may submit a joint application. **Please print clearly.**

ABOUT YOU: Full nar	ne <u>exactly</u> as it	appears on drive	rs license or gove	ernment ID:
Last Name:	Firs	t Name:	Middle	Name:
Address as it appears on drivers lic ADDRESS:		CITY/ST		
Drivers license # and ST:				
		Cell:		
Former last names (maiden and ma	arried): 	Email A	. <mark>ddress:</mark>	
Social Security #:				
Birth date: (mm/dd/yyyy)	Sex: Height:	Weight:	Eye color:	Hair color:
Marital Status: □ SINGLE	□ MARRIED	□ DIVORCED	□ WIDOWED	□ SEPARATED
YOUR SPOUSE: Full				
Last Name: Address as it appears on drivers lic		t Name:	Middle	Name:
ADDRESS:	Letise of 1D.	CITY/ST	/ZIP:	
Drivers license # and ST:			Cell:	
Former last names (maiden and ma	arried):		Email Address	s:
Social Security #:				
Birth date: (mm/dd/yyyy)	Sex: Height:	Weight:	Eye color:	Hair color:
PREVIOUS ADDRES	SS:			
Your previous home address: _				
City/ST/Zip:				
Name of Apartment:				
Name of Manager/Owner:			_Email:	
Their phone #: ()			Previous monthly ren	t/mortgage: \$
Date you moved in:		Date your move	d out:	

EMPLOYMENT: Present employer:	
Address:	
City/ST/Zip:	
Work phone #: ()	
Position:	
	Date you started:
	Phone number:
Supervisor's Email for Verification:	
PREVIOUS EMPLOYMENT:	
Previous employer:	
Address:	
City/ST/Zip:	
Work phone #: ()	
Position:	
Gross monthly income: \$	Date you started:
Supervisor's name:	Phone number:
Supervisor's Email for Verification:	
SPOUSE'S EMPLOYMENT:	
Present employer:	
Address:	
City/ST/Zip:	
Work phone #: ()	
Position:	
Gross monthly income: \$	Date you started:
Supervisor's name:	Phone number:
Supervisor's Email for Verification:	

Property Address:

Property Addr	ress:			
	RIMINAL HIS	TORY: Have you, your	spouse or any occupant ever:	
Yes No	been arrested for a f declared bankruptcy	ase agreement? ayment of rent? aceived deferred adjudication felony which has not been ?	adjudicated by dismissal, acquitt	
Please indicate	year, location and cha	rge of any felony. Indicate	year and location of any eviction	ı:
Do you or a	any occupant sr	noke? Yes	No	
ALL OTHE	R OCCUPANT	S: Names of all nersons	adults/children who will occupy	the unit
			Relationship:	
			DL/ID	
Name:			_Relationship:	
			DL/ID :	
Name:			_Relationship:	
Sex:	Birth date:	Social Security #:	DL/ID	#:
			_Relationship:	
			DL/ID :	
Name: Sex:		Social Security #:	_Relationship: DL/ID:	
VEHICLES trailers, etc.	List all vehicles to b	oe parked by you, your spo	use, or any occupant: including o	cars, trucks, motorcycles,
Make of vehicle	:		Model:	
Year:	Color:		License #:	State:
Make of vehicle	:		Model:	
Year:	Color:		License #:	State:
			Model:	
Year:	Color:		License #:	State:

OTHER INFORMATIO	l:
Will you or any occupant have a p	? □Yes □ No
Type, weight, breed, age, gender,	olor and name of each pet:
As your pet ever bitten or injure Are your pets up to date on Sho Are your pets Neutered? Yes_	?? YesNo
EMERGENCY CONTA	Emergency contact person over 18 who will not be living with you:
Name:	Email:
Address:	City/ST/Zip:
Work phone #: ()	Home phone #: ()
contents, as well as your property	erson; your spouse; your parent; your child to enter your dwelling to remove all the mailbox, storerooms, and common areas. If no box is checked, you authorize any of thusly ill or injured, you authorize us to send for an ambulance at your expense. We are not
•	
How were you referred?	
All of the statements are	ue and complete. Itain a copy of my credit report from any consumer credit reporting
All of the statements are to describe a statements are to describe agency.	tain a copy of my credit report from any consumer credit reporting
All of the statements are to a lauthorize DataTrace to a gency. I give permission to my cu	-
All of the statements are to authorize DataTrace to a agency. I give permission to my cuemployment and income.	tain a copy of my credit report from any consumer credit reporting
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All of the statements are a lauthorize DataTrace to cagency. I give permission to my cuemployment and income. I give permission to my curental history. Applicant's signature Spouse's signature FOR OFFICE USE ONLY Property address: Unit#	rent and former employers to release any information about my rent and former leaseholders to release any information about my Date Date